WE -- USM-265 Is a 1-part form of the form and print 6 copies. Sign subtracked and route as specified talow.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF Jesse Means					COURT CASE NUMBER CA-05-0107 Erie	
DEFENDANT					TYPE OF PROCESS	
James Sherman, et al					Summons	
- NAME OF IN	DIVIDUAL CO	MPANY CO	RPORATION, E	TC. TO SERVE OR	DESCRIPTION OF PROPERTY TO	O SELZE OR CONDEMN
SERVE ADDRESS & Pittsbu	rect or RFD. Apr	<i>TES</i> orimeni No. (5219	A TINE L City, State and Zil	700 , 700 Code)	Grant Street, Sui	te 400
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW					Number of process to be served with this Form 285	1
Jesse Means Reg. No. 38021-060 FCI McKean					Number of parties to be served in this case	4
P.O. Box 8000 Bradford PA. 16701-0980					Check for service on U.S.A.	X
ignature of Attorney other Original	or requesting ser	rvice on behal	if of:	PLANTIFF	TELEPHONE NUMBER	DATE
Jesse Means			_	DEFENDANT	NONE	11/28/
SPACE BELOW FOI	USE OF	TIS MA	RSHAL O	NLV_ DO N	OT WRITE RELOW	THIS LINE
acknowledge receipt for the total imber of process indicated. ign only for USM 285 if more an one USM 285 is submitted)	Total Process	District of Origin	District to Scree	Т	rized USMS Deputy or Clerk	Date
creby certify and return that I	have personally tion, etc., at the s	served , [2] to uddress shown	ave legal evidence a above on the on	e of service, have the individual, comp	executed as shown in "Remarks" any, corporation, etc. shown at the	the process described address inserted below.
I bereby certify and return that I	_		idual, company, o	orporation, etc. name	d above (See remarks below)	
me and title of individual served (f not shown abo	~c) 			A person of suitai then residing in d of abode	ole age and discretion efendant's usual place
dress (complete only different than	skown above)				13/19/05	Time an
					Signature of U.S. Ma	shal or Deputy
roice Fee Total Mileage Chincluding endeave	ers)		Total Charges	Advance Deposits	Amount oved to U.S. Marsha (Amount of Refund*)	!* or
MARKS: Cout 984	2 803					

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
 - 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/15/80 Automated 01/00

2. Article Number	COMPLETE THIS SECTION ON DELIVERY		
	A. Received by (Please Print Clearly)	B. Date of Delivery 12-19-05 cm	
	X Scot - Kan	Agent Addressee	
_ 7160_3901 9842 8020 5113	D. Is delivery address different from item 1? If YES, enter delivery address below:	Yes No	
3. Service Type CERTIFIED MAIL			
4. Restricted Delivery? (Extra Fee) Yes	·		
Article Addressed to:	<u> </u>		

UNITED STATES ATTORNEY 700 GRANT STREET, SUITE 400 PITTSBURGH, PA. 15219

5-107E,8/C,12/16/05,SRB